

零售商香煙及煙草產品執照展期重申表

[FOID]		您的帳號	

僅供加州稅務局使用		
RA-B/A	AUD	REG
RR-QS	FILE	REF
EFF		

填寫前請先閱讀指南

2003年加州香煙及煙草產品執照法規

一般資訊

加州物稅局(BOE)負責管制加州香煙及煙草產品執照法案.在2003年通過的商業及專業法規8.6分案(源自22970項下)。該法要求加州內每一個香煙或煙草產品零售商必須持有由物稅局頒發的執照。依據該法，每位零售商必須在每一處出售香煙點和 / 或煙草產品的營業處個別持有獨立的執照。零售商並且必須在每一零售點顯眼地展示此執照。

註： 提交展期重申表並不能使您獲得在加州出售或購買香煙和 / 或煙草產品的特權。除非您的申請已被受理，並且您已獲得香煙及煙草產品零售執照，否則您無法合法出售香煙和 / 或煙草產品。任何在無執照狀況下出售或購買香煙及煙草產品的行為將構成違犯執照法（商業及專業法規22980.2章），可導致沒收產品、刑罰，和 / 或罰款。

填寫要求

您必須填妥此展期重申表並交回物稅局，方可保有您的香煙及煙草產品執照。展期重申不必繳納費用，條件是寄發郵戳日期應在本申請表到期日或之前。此延期申請包括第一部分：香煙及煙草產品執照帳戶資訊；第二部分：取消通知；第三部分：業務變更；第四部分：簽名；及附表A，（若已附內）。若您未填妥此展期重申表或未在第一和第四部分簽名，您的申請表將無法被受理。

零售商任由香煙及煙草產品零售商執照過期,且未能及時展期重申者將支付\$100.00的恢復費，方可重新啟用並簽發執照。恢復費適用於每一張過期且未及時延期的執照。請記住，若您沒有有效的香煙及煙草產品零售商執照，將不得出售香煙和 / 或煙草產品。

第一部分：香煙及煙草產品執照帳戶資訊

1. 填入您出售香煙和 / 或煙草產品，並正在申請展期的營業點的總數
(來自附表A若多於一處)。

1. _____

☐ 請僅在完成本表的第二和 / 或第三部分後才勾選方框。

我在此證明，本申請表,包括隨件併附的附表和聲名已經本人查證，並且在我所知範圍內，
我確信這是真實、準確及完整的申請表。

簽名	正楷姓名及職位	電話號碼	日期

備份此文件作為您的記錄。
(背面續)



第二部分：取消通知 (若您不再為您的零售商香煙及煙草產品展延重申，請填寫此部分)

☐ 我不再營業。中止營業的時間：_____

請提供您目前日間的電話號碼及地址：_____

第三部分：企業變更 (倘若預先列印於本申請表前面的資訊或附表A (如果適用) 中的資訊，是不正確的，或者是企業所有權發生了變更，請填寫此部分)

1) 新的所有權類型

☐ 獨資經營人 ☐ 夫妻合作關係 ☐ 合夥關係 ☐ 有限合夥 (LP) ☐ 有有限責任合夥(LLP)
☐ 公司 ☐ 有限責任公司(LLC) ☐ 註冊同居伴侶關係 ☐ 其他 (請說明) _____

2) 新公司 / 有限責任公司名稱及號碼 (列出公司 / 有限責任公司下列職員、成員經理的姓名)

3) 新的所有人 / 合作夥伴 / 總裁姓名

4) 新的業務 / 商業名稱 / DBA

5) 新的營業地址 (在填寫營業地址時請勿使用郵政信箱或代理人地址)

日間電話號碼

()

6) 新的郵寄地址 (若與營業地址不同；請勿在此填寫代理人地址)

日間電話號碼

()

7) 新的代理人/簿記姓名

8) 新代理人/簿記人員電話

()

9) 新的代理人/簿記的郵寄地址

☐ 請使用該地址作為我的郵寄地址 (在方框內勾選並附上簽名的委託代理書以將代理人的地址作為帳戶郵寄地址)

第四部份：簽名 (此項心須填寫如果在第二部份或第三部份有任何變更)

我確認，此份申請表的每位申請人 (包括普通合夥人和每位具有控制權者其定義依循加州商業及專業法規第2297(p))，且每位申請人依據加利福尼亞州收入和徵稅法規30473或30480項下的收入及徵稅條款，從未被判以重罪。並且將不會違反2003年的香煙及煙草產品執照法案規定或者加州物稅的任何規定。申請人 (包括普通合夥人和每位具有控制權者其定義依循加州商業及專業法規第2297(p)。此申請適用於製造，銷售和批發香煙和/或煙草產品。申請人 (包括普通合夥人和每位具有控制權者其定義依循加州商業及專業法規第2297(p)) 並同意遵守2003年香煙及煙草產品執照法案分案第8.6項下中所規定的報告、付款、保留紀錄，以及出示執照等要求。(若您無法確認此聲明，則您必須向物稅局提供另外一份聲明，其中包含導致您無法遵守聲明中要求的任何性質的違法行為或理由。)

我證明此申請表中所提供的資訊均完整、真實且準確。我也了解任何不實或蓄意隱瞞是犯罪的行為可判處輕罪，可判處地方監獄一年以內的刑期或不超過一千元罰款，或監禁並罰款皆用之懲罰。

註：此表格必須由所有人、合夥人、公司官員、有限責任公司董事或經理，或授權代理人簽名。對於合夥關係，應附上有所有普通合夥人簽署的授權書；對於公司而言，應附上公司決議；對於有限責任公司，應附上授權以下署名之個人證明此申請的機構章程。若由授權代理人簽署，在申請表後附上妥善簽署的法律行使權委託書。

簽名	職銜	
正楷姓名	電話號碼 ()	日期

若您希望得到更多資訊，請聯絡物稅局，消費稅部，State Board of Equalization, Excise Taxes Division, 450 N Street, P.O. Box 942879, Sacramento, CA 94279-0056，電話 800-400-7115

帳號：

所有人姓名：

時期：

	A 營業名稱（ 若以下未填寫則必須提供	B 營業地址	C 電話號碼 （包括地區代碼）	D 電子郵件地址	E 如果香煙或煙草產品將在此 出售請填寫 1
所需執照總數：					

RENEWAL APPLICATION FOR RETAILER'S CIGARETTE AND TOBACCO PRODUCTS LICENSE

[FOID]		YOUR ACCOUNT NO.	

BOARD USE ONLY		
RA-B/A	AUD	REG
RR-QS	FILE	REF
EFF		

**READ INSTRUCTIONS
BEFORE PREPARING****CALIFORNIA CIGARETTE AND TOBACCO PRODUCTS LICENSING ACT OF 2003****GENERAL INFORMATION**

The State Board of Equalization (BOE) is responsible for administering the California Cigarette and Tobacco Products Licensing Act of 2003 under Division 8.6 (commencing with section 22970) of the California Business and Professions Code (the Act). The Act requires every retailer of cigarettes and/or tobacco products in this state to be licensed by the BOE. Under the Act, every retailer must obtain a separate license for each location at which cigarettes and/or tobacco products are sold. A retailer must conspicuously display the license at each retail location.

Note: The submission of this renewal application *does not* allow you the privilege of selling or purchasing cigarettes and/or tobacco products in California. You cannot legally sell cigarettes and/or tobacco products until your application is processed and you receive your renewal Cigarette and Tobacco Products Retailer's License. Any sales or purchases of cigarettes and/or tobacco products before receipt of a license constitutes a violation of the Act (Bus. & Prof. Code section 22980.2) and can result in a seizure of product, penalty, and/or fine.

FILING REQUIREMENTS

You must complete and return this renewal application to the BOE in order to maintain your cigarette and tobacco products license. There is no cost to renew your license provided this form is postmarked on or before the due date. The renewal application consists of Section I: Cigarette and Tobacco Products License Account Information; Section II: Cancellation Notice; Section III: Business Change; Section IV: Signature; and Schedule A, (if enclosed). **Your renewal application will not be processed if it is incomplete or not signed under both Section I and Section IV.**

Retailers who have allowed their Cigarette and Tobacco Products Retailer License to expire and failed to renew timely will be required to pay a reinstatement fee of \$100.00 in order for a license to be reactivated and issued. The reinstatement fee applies to each license which has expired and was not renewed timely. Please remember, you may not sell cigarettes and/or tobacco products without a valid Cigarette and Tobacco Products Retailer License.

SECTION I: CIGARETTE AND TOBACCO PRODUCTS LICENSE ACCOUNT INFORMATION

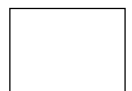
1. Enter the total number of business locations that you operate at which cigarettes and/or tobacco products are sold and for which you are applying for renewal (from Schedule A if more than one location). 1. _____

☐ Check box only if you have completed Section II and/or Section III of this form.

I hereby certify that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete application.

SIGNATURE AND TITLE	EMAIL ADDRESS	TELEPHONE NUMBER	DATE
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Make a copy of this document for your records.
(continued on reverse)



SECTION II: CANCELLATION NOTICE *(complete this section if you will not be renewing your Retailer's Cigarette and Tobacco Products License)*

☐ I am no longer in business. Date business discontinued: _____

Please provide your current daytime telephone number and address: _____

SECTION III: BUSINESS CHANGE *(complete this section only if the information preprinted on the front of this application or on the enclosed Schedule A, if applicable, is incorrect or if there has been a change in the ownership of the business)*

1) TYPE OF NEW OWNERSHIP

☐ Sole Owner ☐ Husband and Wife Co-Partnership ☐ Partnership ☐ Limited Partnership (LP) ☐ Limited Liability Partnership (LLP)
☐ Corporation ☐ Limited Liability Company (LLC) ☐ Registered Domestic Partnership ☐ Other *(describe)* _____

2) NEW CORPORATION/LLC NAME AND NUMBER *(list names of corporate/LLC officers, members or managers below)*

3) NEW OWNER/PARTNER/PRESIDENT NAME

4) NEW BUSINESS OR TRADE NAME/DBA

5) NEW LOCATION OF BUSINESS *(do not use a PO Box or agent's address for location of business)*

DAYTIME TELEPHONE NUMBER

()

6) NEW MAILING ADDRESS *(if different from business location; do not enter agent's address here)*

DAYTIME TELEPHONE NUMBER

()

7) NEW AGENT/BOOKKEEPER NAME

8) NEW AGENT/BOOKKEEPER TELEPHONE NUMBER

()

9) NEW AGENT/BOOKKEEPER MAILING ADDRESS

☐ Please use this address as my mailing address. *(check box and attach signed power of attorney form to use agent's address for the account mailing address)*

SECTION IV: SIGNATURE *(this section must be completed if you made any changes to Section II or III)*

I affirm that the applicant (including each general partner and each person who has control as defined in California Business and Professions Code section 22971(p)) has not been convicted of a felony under sections 30473 or 30480 of the Revenue and Taxation Code and has not violated and will not violate or cause or permit to be violated any of the provisions of the Cigarette and Tobacco Products Licensing Act of 2003 or any rule of the State Board of Equalization (BOE) applicable to the applicant (including each general partner and each person who has control as defined in California Business and Professions Code section 22971(p)) pertaining to the manufacture, sale, or distribution of cigarettes and/or tobacco products. The applicant (including each general partner and each person who has control as defined in California Business and Professions Code section 22971(p)) also agrees to comply with the reporting, payment, record keeping, and license display requirements as specified in the Cigarette and Tobacco Products Licensing Act of 2003 under Division 8.6 (commencing with section 22970) of the California Business and Professions Code. (If you are unable to affirm this statement, you must provide the BOE with a separate statement containing the nature of any violation or reasons that will prevent you from complying with the requirements with respect to the statement.)

I certify that all the information provided in this application is complete, true and accurate and I understand that any person who asserts the truth of any material matter that he or she knows to be false is guilty of a misdemeanor punishable by imprisonment of up to one year in county jail, or a fine of not more than one thousand dollars (\$1,000), or both the fine and imprisonment.

Note: This must be signed by an owner, partner, corporate officer, LLC member or manager, or by an authorized agent. **For a partnership, attach authorization signed by all general partners; for a corporation, attach corporate resolution; and for a LLC, attach articles of organization which authorize the individual who signs below to certify this application. If signed by an authorized agent, a properly completed power of attorney form must be attached to this application.**

SIGNATURE

TITLE

PRINT NAME

PHONE NUMBER

DATE

()

**If you wish additional information, please contact the State Board of Equalization, Excise Taxes Division,
 450 N Street, P.O. Box 942879, Sacramento, CA 94279-0056, Telephone 800-400-7115**

CALIFORNIA CIGARETTE AND TOBACCO PRODUCTS LICENSING ACT OF 2003
SCHEDULE A - RETAILER'S BUSINESS LOCATIONS RENEWAL

ACCOUNT NUMBER:OWNER NAME:PERIOD:

	A BUSINESS NAME <i>(must provide if not listed below)</i>	B BUSINESS ADDRESS	C TELEPHONE NUMBER <i>(including area code)</i>	D EMAIL ADDRESS	E ENTER 1 IF CIGARETTE OR TOBACCO PRODUCTS WILL BE SOLD AT THIS LOCATION
TOTAL NUMBER OF LICENSES REQUIRED:					